

**ELECTRONIC TAX REPORTING PROGRAM
ACH DEBIT/WOW AUTHORIZATION FORM
UNEMPLOYMENT INSURANCE CONTRIBUTIONS BUREAU**

Transmitter Name:		
Transmitter State UI Acct #:		Transmitter Federal EIN:
Employer Name:		
Employer State UI Acct #:		Employer Federal EIN:
<u>Transmitter Contact Information</u>		
Contact Person:	Phone Number:	Fax Number:
E-mail:		

By choosing the ACH debit program you hereby authorize the Unemployment Insurance Tax Program to initiate debit entries to the bank account identified below on your behalf. These debits will pertain only to electronic funds transfer payments you initiate. This authority will remain in full force until you notify us in writing that you wish to terminate the Montana ACH Debit program.

THIS SECTION REQUIRED FOR ACH DEBIT FILERS ONLY	
Bank Name / Branch (or Street Address):	
Bank Routing Number:	Bank Account Number:
Name as Shown on Bank Account:	Authorized Signature:
Optional Information:	
Bank Contact Person:	Bank Contact Phone:

Complete this form and mail or fax to:
Electronic Tax Reporting Unit
Unemployment Insurance Contributions Bureau
P.O. Box 6339
Helena MT 59604-6339

April Rose Phone: 406-444-6963
Fax: 406-444-0629